THREADS OF LIFE – INCIDENT REPORT FORM

Please use this form to report non-employee injuries and property damage. Please be as accurate as possible. We encourage reporting of all incidents.

INCIDENT INFORMATION			
Date:		Time of Incident:	
Location of Incident:		Address:	
Name of Person Reporting the Incident:		Phone #:	
Who Was Involved (List Individuals):		Background Information:	
Details of the Incident:			

COMPLETE THIS SECTION IF THERE WAS AN INJURY					
Type of Bodily Injury (if any):		The injured person(s) is a:	Volunteer	Walker	Other
Location of Incident:		Name(s) of Person(s) Injured:			
Describe exactly what happened:					
Emergency treatment given?	Yes _____ No _____.	To Whom?	By Whom?		
Describe Procedure:					
Person(s) Taken to Hospital:		Name of Hospital:			
Where Police called to the scene?	Yes _____ No _____.	Name of Police Department / Officer:			

OFFICE ONLY – TO BE COMPLETED BY THREADS OF LIFE	
Follow-up Post Event:	
Feedback:	
Action? Referenced Documents.	

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